Docket No. AMENDMENT TRANSMITTAL LETTER M4065.0467/P467 Application No. Filing Date Examiner Art Unit 09/893,619-Conf. #4918 June 29, 2001 3652 C. Fox Applicant(s): Amy R. Griffin Invention: LIFT AND ALIGN TABLE TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Highest Claims Remaining Number Number After Previously **Extra Claims** Amendment Paid Present Rate **Total Claims** 36 46 = Х Independent 6 6 Х Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: x Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. x Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 04-1073 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: July 14, 2003 Thomas J. D'Amico Attorney Reg. No.: 28,371 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW

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Washington, DC 20037-1526
(202) 828-2232

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FEE TRANSMITTAL for FY 2003								olete if Known		
								09/893,619-Conf. #4918		
						June 29,	2001			
Effective 0		First Named Inventor				Amy R. G	Griffin			
		Examiner Name			C. Fox					
Applica		Art Unit			3652					
TOTAL AMOUNT OF PAYMENT (\$) 860.00				Attorney Docket No.			M4065.0467/P467			
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Number			Code	(\$)	Code	(\$)		Fee Desc	ripuon	Fee P
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Name	Oshinsky LLF ereby authorized to: (che		1052	50	2052	25		- late provisi	onal filing fee or cover	
			4050	400	4050	400	sheet.			<u> </u>
	L	Credit any overpayments	1053	130	1053	130	Non-Englis	h specificatio	n	
X Charge any additional fee(s) during the pendency of this application				2,520	1812	2,520			parte reexamination	
X Charge fee(s) indicated below, except for the filling fee				920*	1804	920*	Requesting Examiner a		of SIR prior to	
to the above-identified deposit account.				1,840*	1805	1,840		publication of	of SIR after	
FEE CALCULATION				110	2251	55	Examiner a Extension for	ction or reply within	n first month	110
1. BASIC FILING FEE			1252	410	2252	205			n second month	
Large Entity Small Entity				930	2253	465	Extension f	or reply within	n third month	
Fee Fee Fe		ription Fee Paid	1254	1,450	2254	725	Extension f	or reply withi	n fourth month	
1001 750 20		е	1255	1,970	2255	985	Extension f	or reply within	n fifth month	
1002 330 20			1401	320	2401	160	Notice of A	ppeal		
1003 520 20	ŭ		1402		2402	160	_	f in support of		<u> </u>
1004 750 20 1005 160 20	•	⊢	1403 1451	280 1,510	2403 1451	140		oral hearing	olic use proceeding	<u> </u>
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2. EXTRA CL	IM FEES FOR UTIL	ITY AND REISSUE	1501	1,300	2501		Utility issue		ue)	
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Total Claims	= []x[=	1503	630	2503	315	Plant issue	fee _		\vdash
Independent Claims	=x		1460	130	1460	130	Petitions to	the Commi	GROUF	13
Multiple Dependen		= =	1807	50	1807	50	Processing	fee under 37	CFR 1.17(q)	
Large Entity Small Entity			1806	180	1806	180	Submission	of Information	on Disclosure Stmt	
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	and over orig		Other	fee (spe	cify)					
	SUBTOTAL (2)	(\$) 0.00	*Redu	uced by	Basic Fi	ling Fe	e Paid	SUBTO	TAL (3) (\$)	860
**or number prev	ously paid, if greater; For	Reissues, see above								
SUBMITTED BY								Complete	(if applicable)	
Marria (Drint/Time)	Thomas J. D'Amio	:0/2		ration Ne ey/Agent		,371		Telephone	(202) 828-2232	2
Name (Print/Type)										